



California  
Department of  
Health Services

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**TO:** ALL CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS,  
MEDICAL CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES  
(CMS) BRANCH AND REGIONAL OFFICE STAFF

**SUBJECT:** DELEGATION OF AUTHORITY FOR AUTHORIZATION OF AURAL  
REHABILITATION SERVICES TO COUNTY CCS PROGRAMS AND  
CMS REGIONAL OFFICES

## **INTRODUCTION**

The purpose of this Numbered Letter (NL) is to provide policy for CCS Independent County programs, CMS Regional Offices, and CCS Dependent County programs participating in Level III of the Case Management Improvement Project (CMIP) for authorization of Aural Rehabilitation services. These services require authorization as Early and Periodic Screening Diagnosis and Treatment Supplemental Services (EPSDT SS) for children enrolled in the CCS program who are full scope, no share of cost Medi-Cal beneficiaries. These services also require separate authorization for CCS/Healthy Families (HF) and CCS-only clients.

## **BACKGROUND**

It is difficult to acquire oral communication skills in the presence of a hearing loss. The development of communication skills in young children is intricately associated with the acquisition of other developmental skills including cognition, motor, psychosocial, and self-help skills. Aural rehabilitation, speech and language therapy facilitate development of these skills. Aural rehabilitation is focused on the acquisition of auditory skills and includes teaching children to use their residual hearing, adjusting to the use of hearing aids or alternative listening devices (ALD), developing their lip reading skills, and working with the family to increase their skills in communicating with the CCS-eligible child.

The provision of aural rehabilitation services is intended to guide the child through normal stages of hearing, speech, and language development and to monitor the progress and development of these skills on an ongoing basis. Codes for aural rehabilitation are included in the service code groups provided to CCS approved Communication Disorder Centers (CDC) and Centers of Excellence for Cochlear Implants.

## **POLICY**

- I. Effective the date of this letter, requests for Aural Rehabilitation (AR) services shall be authorized by CCS program case management staff when requested by a CCS paneled Speech-Language Pathologist providing services in conjunction with a CDC or a Cochlear Implant Center and found to be medically necessary to treat the client's eligible medical condition.
- II. Authorizations shall be issued on a time-limited basis, not to exceed a six month period.
- III. Separate authorizations are only required when the services will be provided by a speech pathologist who is not a member of a CDC or Cochlear Implant Center.
- IV. Treatment authorizations may be renewed when there is documentation provided that includes:
  - A. A progress report including:
    1. The start and end dates of just completed therapy.
    2. The child's therapy attendance expressed as "sessions attended versus sessions scheduled".
    3. The beginning performance and progress achieved for each goal of the previous treatment plan.
  - B. A revised treatment plan including new goals with baseline performance criteria, means and method of measurement and criteria for mastery.

## **IMPLEMENTATION**

- I. Authorizations for aural rehabilitation shall be issued when:
  - A. There is documentation that the AR is related to the child's hearing loss.  
Such documentation may include:
    1. Relevant history.
    2. An audiologic summary or statement of hearing acuity.
    3. A summary of any previous or concurrent therapy, including school-based services.
    4. Information about other agency involvement.
    5. The results and interpretation of assessment measures.
    6. The prognosis for treatment including assessment of cognitive ability to benefit from treatment.
    7. Recommendations including frequency and duration of the therapy. (Example: One hour session, two times per week for six months.)
    8. A treatment plan listing goals and the following for each goal:
      - a. The beginning baseline performance for each goal.
      - b. The behavioral objectives with means and methods of measurement. (Example: Identify one key word in a short sentence given a choice of three key words.)
      - c. The criterion for mastery for each goal. (Example: The child will identify the key word in 12 out of 15 sentences.)
      - d. Specific goals for parent education, training and collaboration with other providers.

- B. The provider is CCS approved. (If the provider is not CCS approved, inform the provider of the approval requirement and provide information on obtaining approval. You may hold the request pending review of the application or the provider can be asked to re-submit the request when CCS approval has been granted.)
  - C. The prescription for the services indicates the frequency and duration.
- II. A Service Authorization Request (SAR) number shall be issued to the Medi-Cal provider number of the CCS approved speech pathologist submitting the request.
- III. The appropriate Healthcare Common Procedure Code System (HCPCS) codes and units of service shall be issued on the SAR.
- |                                       |                     |       |
|---------------------------------------|---------------------|-------|
| AR related to the use of hearing aids | 30 minutes = 1 unit | Z5940 |
| AR related to the use of ALD's        | 30 minutes = 1 unit | Z5944 |
| AR following cochlear implant         | 30 minutes = 1 unit | Z5942 |
- IV. The authorization shall be identified as EPSDT SS for CCS clients, with full scope, no share of cost Medi-Cal eligibility, when not performed at a Medi-Cal certified outpatient rehabilitation center (see Appendix A), a CCS approved Communications Disorder Center (CDC) or a Medi-Cal approved cochlear implant center of excellence.
- “EPSDT SS” must be indicated on the SAR, with special instructions from the drop down menu.
  - “EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item or service.”
- V. Do not indicate “EPSDT SS” on the SAR for authorizations for CCS clients who are CCS-only or CCS-HF.
- VI. For all clients: Aural Rehabilitation: If reauthorization is to be requested, provider must submit a progress report one month before authorization expires that include the following:
1. Beginning baselines and ending performance for each goal so that progress can easily be assessed by the reviewer;

2. Any new measurable goals with baseline performance including means and method of measurement;
3. Attendance expressed as the number of sessions attended/sessions scheduled;
4. Information regarding any early intervention or school services received.

If you have questions regarding these policy changes, please contact the nurse consultant at your CMS Regional Office.

**Original Signed by Marian Dalsey, M.D., M.P.H.**

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Attachment  
Appendix A